



ORIGINAL

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1919 Pennsylvania Avenue NW
Washington, D.C. 20006-3401

Danielle Frappier
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VIA OVERNIGHT DELIVERY

October 14, 2013

Secretary of the Commission
Public Service Commission of South Carolina
101 Executive Center Dr., Suite 100
Columbia, SC 29210

RECEIVED
2013 OCT 16 AM 10:10
SC PUBLIC SERVICE
COMMISSION

Re: FCC Form 481 Filing of Nexus Communications, Inc.

Dear Sir/Madam:

In accordance with 47 C.F.R. § 54.313, Nexus Communications, Inc. ("Nexus") hereby files with the Commission a copy of its FCC Form 481 for program year 2012 for the state of South Carolina.

Nexus filed this Form 481 today with the Universal Service Administrative Company and will file this Form 481 with the Federal Communications Commission the next business day after the partial shutdown of the federal government has ended.

Please contact me if you have any questions regarding this filing.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read 'Danielle Frappier'.

Danielle Frappier

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481

OMB 3060-0986

OMB 3060-0819

Avg. Burden Estimate per Respondent: 20 Hours

<010> Study Area Code	249007
<015> Study Area Name	Nexus Communications, Inc.
<020> Program Year	2012
<030> Contact Name: Person USAC should contact with questions about this data	Steven Fenker, President
<035> Contact Telephone Number: Number of the person identified in data line <030>	(740) 549 - 1092
<039> Contact Email: Email of the person identified in data line <030>	sfenker1@earthlink.net

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	n/a
<210> <input type="checkbox"/> n/a <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<310> Detail on Attempts (voice)	<input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>		<input type="checkbox"/>	
<330> Detail on Attempts (broadband)	<input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)			<input type="checkbox"/>	n/a
<410> Fixed	<input type="checkbox"/> n/a	Where "n/a" is indicated, the question is not applicable to Nexus Communications because the company has been designated an ETC for this study area by the state	<input type="checkbox"/>	
<420> Mobile	<input type="checkbox"/> n/a		<input type="checkbox"/>	
<430> Number of Complaints per 1,000 customers (broadband)			<input type="checkbox"/>	
<440> Fixed	<input type="checkbox"/> n/a		<input type="checkbox"/>	
<450> Mobile	<input type="checkbox"/> n/a		<input type="checkbox"/>	
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	n/a
<510>	(attached descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	n/a
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	n/a
<610>	(attached descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	n/a
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	X
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	X

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	2490007
<015>	Study Area Name	Nexus Communications, Inc.
<020>	Program Year	2012
<030>	Contact Name - Person_USAC should contact regarding this data	Steven Fenker, President
<035>	Contact Telephone Number - Number of person identified in data line <030>	(740) 549 - 1092
<039>	Contact Email Address - Email Address of person identified in data line <030>	sfenker@earthlink.net

[illegible]

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986
Data Collection Form		OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	249007
<015>	Study Area Name	Nexus Communications, Inc.
<020>	Program Year	2012
<030>	Contact Name - Person USAC should contact regarding this data	Steven Fenker, President
<035>	Contact Telephone Number - Number of person identified in data line <030>	(740) 549 - 1092
<039>	Contact Email Address - Email Address of person identified in data line <030>	sfenker1@earthlink.net

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Please see link below.
<1220>	Link to Public Website	Name of attached document (.pdf) HTTP http://www.tsihomophone.com/termsfuse.html

Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:


<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

**Certification - Reporting Carrier
Data Collection Form**

PCF Form 481
OMB Control No. 3080-0886
OMB Control No. 3080-0819
July 2013

<010>	Study Area Code	249007
<015>	Study Area Name	Nexus Communications, Inc.
<020>	Program Year	2012
<030>	Contact Name - Person USAC should contact regarding this data	Steven Fenker, President
<035>	Contact Telephone Number - Number of person identified in data line <030>	(740) 549 - 1092
<039>	Contact Email Address - Email Address of person identified in data line <030>	sfenker1@earthlink.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Nexus Communications, Inc.	
Signature of Authorized Officer: 	Date: 10/15/2013
Printed name of Authorized Officer: Steven Fenker	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: (740) 549 - 1092	
Study Area Code of Reporting Carrier: 249007	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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